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ABSTRACT

This annual performance report describes the activities and progress of the Colorado Part C early childhood special education program from July 1, 1997, through September 30, 1998. It includes information on: (1) the interagency agreements for providing services; (2) agencies involved in the provision of services and other supports in early intervention; (3) issues related to interagency coordination, including statewide early childhood interagency activities, Individualized Family Service plan and service coordination, and local community interagency activities; (4) innovative service delivery models; (5) characteristics of children referred; (6) disputes; (7) issues identified through state monitoring and approaches for technical assistance; (8) the Colorado credentialing system; (9) accomplishments of the early childhood program; (10) ongoing systemic challenges; (11) sources of funding and other support; and (12) use of Part C funds. Major accomplishments of the program include the funding and development of the service coordination mentors project, formation of a workgroup to develop the strategic approach for addressing the needs of the state to implement the IDEA provision for supports and services in natural environments, the implementation of parent leadership initiatives, and the reorganization of the Part C lead agency team to emphasize the focus on assisting the communities. (CR)

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Annual Performance Report

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XI (1997-1998)

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Early Childhood Connections for Infants, Toddlers & Families

approved by the
Colorado Interagency Coordinating Council

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Annual Performance Report

Part C of the Individuals with Disabilities Education Act (IDEA) for Infants, Toddlers, and Their Families

Year XI (1997-1998)

Colorado State Board of Education
Seated January 1997

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6th Congressional District

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5th Congressional District

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3rd Congressional District

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approved by the
Colorado Interagency Coordinating Council

OMB 1820-0578
Expires 05/31/01

INTERAGENCY COORDINATING COUNCIL CERTIFICATION OF ANNUAL REPORT

On behalf of the Interagency Coordinating Council (ICC) of Colorado.

I certify that the ICC X agrees/_____ ~~disagrees~~(*) with the information in the State's Annual Performance Report for FY 1997/1998. The ICC understands that Section 80.40 of the Education Department General Administrative Regulations (EDGAR), requires that the lead agency prepare an Annual Performance Report containing information about the activities and accomplishments of the fifteen (15)-month grant period, as well as how funds were spent. The ICC has reviewed the Report for completeness of its contents and accuracy.

We submit this Report in fulfillment of our obligation under Section 641(e) of the Individuals with Disabilities Education Act (IDEA) to submit an annual report to the Secretary and to the Governor on the status of the State's early intervention program for infants and toddlers with disabilities and their families.

Steven A. Zuelsdorf — 1/22/99

Sandra Scott — 1-22-99

Signature of ~~ICC~~ Chairperson — Date

(*) The Council may submit additional comments related to the lead agency's Annual Performance Report and append comments to the Report.

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Annual Performance Report for Part C
FY 1997-98, Year XI Participation

TABLE OF CONTENTS

	Page
Activities and Progress	1-12
INTERAGENCY AGREEMENTS	1
AGENCIES INVOLVED IN THE PROVISION OF SERVICES AND OTHER SUPPORTS IN EARLY INTERVENTION	1-2
ISSUES RELATED TO INTERAGENCY COORDINATION	2-3
INNOVATIVE SERVICE DELIVERY MODELS	4
ANALYSIS OF CHILDREN REFERRED	4
ANALYSIS OF DISPUTES	4-5
ISSUES IDENTIFIED THROUGH STATE MONITORING AND APPROACHES FOR TECHNICAL ASSISTANCE	5-6
DESCRIPTION OF COLORADO'S CREDENTIALING SYSTEM	6-9
ACCOMPLISHMENTS	10-11
ONGOING SYSTEMIC CHALLENGES	11
SOURCES OF FUNDING AND OTHER SUPPORT	11
USE OF PART C FUNDS	12

Colorado Part C Statewide System of Early Intervention

Activities and Progress

Colorado continues to meet the challenge of the Individuals with Disabilities Education Act, Part C (IDEA): the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention supports and services for infants and toddlers with disabilities and their families. This annual report represents the activities and progress which have occurred in meeting this challenge from July 1, 1997 through September 30, 1998.

INTERAGENCY AGREEMENTS

The Memorandum of Understanding among the Departments of Education, Public Health and Environment, Human Services and Health Care Policy and Financing for the implementation of IDEA, Part C, in Colorado articulates the interagency collaboration for providing: a community directed collaborative interagency child identification process; service coordination; IFSP development and implementation which is family driven; opportunities for families to be included in all levels of policy development; coordinated interagency technical assistance and training to families and service providers; and support to share and exchange information as necessary for federal reporting requirements.

AGENCIES INVOLVED IN THE PROVISION OF SERVICES AND OTHER SUPPORTS IN EARLY INTERVENTION

The Part C system in Colorado is a combination of federal, state, local, private and public agencies and organizations and other individuals. The Colorado Department of Education is the lead agency for the State of Colorado. The State Department of Human Services, Office of Rehabilitation, Developmental Disability Services, has specifically targeted services to infants and toddlers with developmental disabilities and their families. Direct child and family services provided under this program are distributed in relative proportion across the state. This distribution was further equalized in the past legislative session with the addition of 300 new state "resources" for early intervention. This increase was a response to meeting the demand for early intervention and further addressed equalizing resources between communities. The State Department of Public Health and Environment administers the federal Maternal and Child Health Block Grant with a state match of funds, a portion of which is designated for children with disabilities. The Health Department works with local Part C initiatives on a variety of on-going efforts to facilitate utilization of the state Medicaid and EPSDT programs. This past year, many local Part C organizations participated on the

planning committees local education agencies were required to form for the development and implementation of their Medicaid in the Schools programs.

ISSUES RELATED TO INTERAGENCY COORDINATION

Statewide Early Childhood Interagency Activities:

In early 1997, the state's General Assembly passed a bill which established a pilot program for Comprehensive Early Care and Education in twelve Colorado communities. The main focus of the pilots is intense technical assistance from state agency personnel representing different agencies and the potential granting of waivers from any state statute or rule that a community identifies as creating a barrier to comprehensive quality child care services. The program, being implemented in 1997-98, provides the opportunity to directly address issues that might impede local collaborative efforts. Part C local initiatives have been involved with these efforts of identifying barriers and establishing plans to address them and apply for state waivers where necessary. A full report of the progress of the Pilot Communities is due to the Colorado legislature in March 1999.

Statewide Part C Specific Interagency Activities:

The Memorandum of Understanding (MOU) committee (the CICC co-chairs and the four signatory agencies), continued to address MOU collaborative initiatives on service coordination/IFSP development and implementation and supports and services provided in natural environments. The group worked to come to a common understanding of service coordination and the intent of the IDEA provision for services delivered in natural environments.

The following activities/products resulted from this work:

- Senate Bill 101 Medicaid in the Schools

  The committee created and disseminated a technical assistance document to communities detailing the "what and how" of participation with the Senate Bill 101 Medicaid in the Schools local planning and implementation efforts.

- IFSP/Service Coordination

  Eight Service Coordinator Mentors were hired statewide this year and promoted the use of the newly established Service Coordination and IFSP guidelines in local communities through training and coaching of community based service coordinators. The mentor program is a joint effort between the lead agency, Developmental Disabilities Services (DDS)

and with support from the Department of Public Health and Environment. The MOU committee participated in one statewide satellite conference and five regional Service Coordination guideline training sessions.

- Supports and Services Provided in Natural Environments

  The group worked on developing a coordinated approach to implementing the IDEA provision for providing supports and services in a family's everyday life and daily routines. Conversations, CICC participation and attending the national teleconference broadcasts and training sessions provided statewide has furthered a mutual understanding of the letter, spirit and intent of the federal legislation. The members of the MOU committee actively support this approach to working with families in their individual agencies. Continued work will address implementation issues within the different state agencies.

- Part C/Community Center Board Early Intervention Retreat

  The local Part C initiative coordinators and early intervention directors from the Community Center Boards jointly planned and held a two day retreat focussing on IFSP and transition within communities. Each community developed a plan to further their transition procedures and gained and shared information on best practices in early intervention and supporting families with young children.

Local Part C Community Interagency Activities:

Local communities continue to build the interagency collaboration so necessary to achieve implementation of Part C, particularly in the arena of providing supports and services in the family's everyday life and daily routines. On-going efforts are being made by state and local Part C staff and interagency representatives to educate and support the adoption of this IDEA provision through trainings, presentations, conversations and materials dissemination. In a system where the federal funding comes into one state agency and services are provided by a wide variety of other state agency-funded and private providers practicing in many different types of settings, the interagency efforts are even more critical.

Changes in federal Medicaid funding and the growth of Medicaid managed care across the state continues to be a challenge to communities as they assist families in working within a new approach to financing services for their infant or toddler. The passage of a newborn insurance statute and the ensuing workgroup's efforts to operationalize the legislation also challenges the Part C system to enact policy and procedures that meet the needs of families with very young children with disabilities.

INNOVATIVE SERVICE DELIVERY MODELS

The lead agency has provided funding to several rural interdisciplinary teams to receive training in the ENRICH model. The project, an EEPCD Demonstration Project housed at the Colorado University Affiliated Program, developed a model of family centered early intervention services and supports for children 0-3 in their home and community environments and activities. The trainers include a parent of a child with a disability, special educator, speech/language pathologist, occupational therapist, physical therapist, nurse and psychologist.

Individual community Part C initiatives, through their community capacity building grants, also contract with ENRICH to provide services to individual families and the interventionists working with them. Individual communities are also engaging in innovative service delivery, such as developing community based/funded playgroups and providing consultation from therapists as designated on the included children's IFSPs.

In several parts of the state (i.e. metro Denver, Western slope), local Part C coordinators have formed networks to address mutual issues and collaborate on projects and efforts by sharing responsibilities and jointly funding activities. This inter-community collaboration has strengthened the support for families of young children and the skills and efforts of the local Part C staff.

ANALYSIS OF CHILDREN REFERRED

The Child Identification process in Colorado is a collaborative and combined effort in the local communities. The Child Find offices and teams in local school districts are involved in the identification of many children eligible for Part C. Also integrally involved are hospital based and private physicians and therapists. The referrals of children and families made to Part C Early Childhood Initiatives offices come from a wide variety of places and people in the community. Approximately 18% of the referrals made came from hospitals, 16% came from service providers including therapists, 14% came from the primary care provider, and over 10% each were made from Child Find offices and parents themselves. The other referral sources were from Public Health, social services, community providers, home visitors and the state early intervention providers in the Community Centered Boards.

ANALYSIS OF DISPUTES

No Due Process hearings or mediation procedures were requested 1997-98. In 1998, a complaint was made to the Colorado Department of Education by a parent and local Part C governing board member alleging concerns regarding

the implementation of the Part C grant. The Department of Education hired an independent consultant to head an interagency team to investigate the complaint. Telephone and onsite interviews were conducted with parents of children in Part C, local board members, professionals and community members across the counties. The community grant, budget, data, summary information of the community from the statewide evaluation project in 1997 and reports filed by the local Part C board and coordinator were also reviewed.

Resolutions to the complaint included: extensive public education regarding Part C, both state and federal requirements, in the community through intensive onsite training; restructuring of the grant; extensive parent involvement and leadership training and technical assistance; the state-level consultants scheduled and are spending concentrated time in the communities working with the newly hired local Part C coordinators and local boards/ICCs.

ISSUES IDENTIFIED THROUGH STATE MONITORING AND APPROACHES FOR TECHNICAL ASSISTANCE

The following issues were identified through the Community Infant Services Reviews conducted in 7 communities across the state in 1997-1998. A commonly cited area of concern was the quality of service coordination for all identified children. This concern had been noted through on-going needs assessments and the statewide evaluation completed in 1997. In response to this identification, the lead agency funded and developed, with interagency participation, the Service Coordination Mentor project; designed and delivered a series of training sessions across the state; developed guidelines for service coordination; and individual lead agency community consultants provided technical assistance and oversight for community initiated activities to improve the quality of service coordination.

Documentation on IFSPs was noted as another area of concern in a number of communities. The time from initial referral and initial IFSP document completion as well as the participation of a multi-disciplinary team in the evaluation were not clearly indicated routinely on IFSP documents. To address this finding, community consultants provided technical assistance to the local community. In some communities, the Service Coordination Mentor also provided training and technical assistance. Families in those communities were provided with information that explained the requirements and standards. Another finding noted that the goals/services/level of services on some IFSPs appeared to be based not upon individual need but upon available models. The communities where this was noted were provided with individual technical assistance from consultants and their service coordination mentor, provided support from outside resources (e.g. Project ENRICH) and families were informed of requirements of the law. IFSPs do not yet often show the interspersing of

developmental activities across the typical routines and activities of all children as the method of service delivery. The lead agency along with the signers of the MOU have begun a multifaceted statewide initiative to address the changing nature of how services are delivered. Technical assistance is also being provided through community consultants, service coordinator mentors and Project ENRICH.

Four other areas were noted from the monitoring reviews: the lack of uniformly available culturally and linguistically appropriate evaluations, services and supports; the lack of uniformly available communication systems using alternative and augmentative modes; the lack of uniformly available summer services; and that service access is limited by the currently available funding requirements with private and public insurance. The lead agency, the agencies signing the MOU and the Part B state coordinators are working to address these systemic issues through joint planning, communications, policy/information dissemination, training and technical assistance onsite to communities or regionally.

DESCRIPTION OF COLORADO'S CREDENTIALING SYSTEM

Category of qualified personnel	Highest Standards	Regulatory Agency
(a) Audiologists	Masters Degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or has comparable training and experience	American Speech-Language- Hearing Association (ASHA)
(b) Family Therapists	Masters in closely-related discipline plus internship or AAMFT clinical membership and State licensure examination	Colorado Dept. of Regulatory Agencies, State Board of Marriage and Family Therapists Examiners
(c) Nurses	Bachelors degree, State Registered Nurse licensure exam.	Colorado State Board of Nursing
(d) Registered Dietitian	Bachelor of Science Degree	American Dietetic Association

(e) Occupational Therapists	Bachelors degree and national certification, or equivalency or has comparable training and experience	American Occupational Therapy Association
(f) Orientation and mobility specialists	Masters degree in peripatology	State Dept. of Education; Association for Education and Rehabilitation of Blind and Visually Impaired
(g) Physical Therapists	Bachelors degree plus state licensure	Colorado State Board of Physical Therapists
(h) Pediatricians and other physicians	Medical Doctorate Flex or National boards or state examination. 1 year post-graduate training	Colorado State Medical Board
(i) Psychologists	Doctorate of psychology and state license or masters degree and school psychologist certification	Colorado State board of Psychologist Examiners Dept. of Education
(j) Social Workers	Masters degree and state licensure	Colorado State Board of Social Work Examiners
<u>(k) Special Educators:</u>		
• Early Childhood Teacher, birth - 8	Bachelors degree and state licensure as an early childhood specialist, or equivalent licensure in another state	Colorado Department of Education

• Special Education Teacher IV Early Childhood, birth - 5	Bachelors and ECSE endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Vision, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher II Severe Needs, Type Hearing, birth - 21	Bachelors degree and endorsement (graduate-level work) with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
• Special Education Teacher III Profound Needs, birth - 21	Bachelors degree and endorsement with teacher licensure, or equivalent licensure in another state	Colorado Dept. of Education
(l) Speech/Language Pathologists	Masters degree with national certification (Certificate of Clinical Competence/CCC), or equivalency or comparable training and experience	American Speech-Language-Hearing Association (ASHA)

During 1997-98, the Professional Standards committee developed a revised BA level licensure for early childhood, birth through eight, including competencies addressing the individual learning needs of ALL children and the Professional Standards Board will be sent a recommendation for its adoption. The master's level licensure is currently being reviewed by committee and a combined early childhood/early childhood special education credential is being considered.

Comprehensive System of Personnel Development
1997-98

1. This summer the Colorado Department of Education(CDE) received and funded 37 applications from communities for Learning Clusters totaling $160,000. The Learning Clusters, local community training grants focused 0-8, offered over 200 local learning events to over 2000 participants from parents to paraprofessionals to credentialed professionals. The cluster coordinators met quarterly. The Children's Museum has taken leadership in establishing a new Denver Cluster. CDE instituted a more stringent review process for grants and sent several back to be rewritten. A parent was hired to co-direct the project. Part C made $2000 available to each Cluster to provide local training on Parent Leadership.
2. The Culture of Childhood was offered twice. The Winter Park event from July 14-16th focused on "Engaging Parents" and Snowmass from June 23-25th focused on "Infants and Toddlers." Each had 190 participants, including parents, private providers, paraprofessionals and professionally qualified personnel.
3. The IFSP Guidelines were published. The Service Coordination Guidelines were completed. Four regional trainings were held to introduce the guidelines and a community planning process for developing a collaborative service coordination system. A teleconference was held to discuss statewide, interagency issues of service coordination. Eight service coordination mentors were hired to work with local communities on implementing the guidelines in a funded project through PEAK Parent Center.
4. The Annual Early Childhood Summer Institute for Early Childhood Connections was held in June and addressed "Natural Environments". Over 250 parents and a wide variety of paraprofessional and professional service providers attended the two day presentation.
5. The personnel development section of the Colorado Quality Standards was revised.
6. The Second Annual Early Childhood Mental Health Seminar was offered in Grand Junction. 160 people attended.
7. A variety of speakers were brought to Colorado to have small group discussions on natural settings with influential members of the early intervention community. Speakers included Gordon Williamson, Barbara Hanft, and Carl Dunst.
8. The NEC*TAS Teleconferences on natural environments were supported as major events with ten downlink locations and discussion facilitators from the local communities and the lead agency.
9. Response, a training program to increase the quality and availability of inclusive infant and toddler care worked with 10 child care centers.
10. Training events related to Parent Leadership were supported by the lead agency.

ACCOMPLISHMENTS

The major goals of Part C implementation in Colorado by the lead agency for 1997-1998 were:

1. improved service coordination;
2. addressing the IDEA provision for supports and services in natural environments;
3. addressing systematic increases in parent participation and leadership.

Additional goals addressed were:

4. providing the next level of support for local Part C initiatives (i.e. Board/LICC development, targeting the smaller, more rural communities, facilitating methods to increase supports/services in natural environments, facilitating more collaborative work with other agencies);
5. increasing the cultural competency of state and the local efforts; and
6. review of the local community grant funding formula.

The major accomplishments of 1997-1998 were:

1. funding and developing the service coordination mentors project; the MOU agencies' participation in service coordination trainings which were conducted through a statewide satellite broadcast and onsite regionally; the development of the service coordination guidelines;
2. formation of a workgroup to develop the strategic approach for addressing the needs of the state to implement the IDEA provision for supports and services in natural environments (i.e. scheduled speakers forums/seminars, began needs identification, began product and material development, began meetings and training development);
3. Parent Leadership initiative activities implemented (i.e. funded a statewide parent coaching grant and a parent networking grant; funded 12 parent mini-grants for local activities; funded the Learning Cluster grants to target parent leadership; established a mechanism to "piggyback" on training events and conference speakers to have them spend additional time with groups of parents; increased CICC support to parents);
4. reorganization of Part C lead agency team to focus and emphasize assisting the communities, worked with the CICC to explore the change in community funding formula, provided technical assistance and training targeted on the needs identified, assisted the development of a Part C local board in almost all rural communities; development of the Metro Part C Leadership Pilot project;
5. the cultural competency initiative funded 12 local grants;
6. lead agency/CICC committee recommended revisions to the community grant funding formula;

7. contracted with the Legal Center for Citizens with Disabilities to develop training for surrogate parents for children birth to three in conjunction with the surrogate parent training provided for the Department of Education, for children 3-21;
8. designed and piloted local Board training; and
9. developed updated Public Awareness materials, including a panel insert in English and Spanish, a poster in English and Spanish, pens, pencils, choke tubes and water temperature testing cards with the Early Childhood Connections contact information in English and Spanish, and the video, "One of the Family."

ONGOING SYSTEMIC CHALLENGES

The major ongoing systemic challenges seen in Colorado are ensuring the interagency cooperation and accountability at the local level, addressing the process of meeting the needs of children transitioning from Part C to Part B, improving the quality of child identification, IFSP development and service coordination statewide and maintaining leadership within Part C, at the CICC level, at the local Part C Board and staff levels, and within the general community supporting families of young children eligible for Part C.

SOURCES OF FUNDING AND OTHER SUPPORT

The lead agency in Colorado, the Department of Education, receives the Federal Part C grant, $4,069,358 for Year XI, the Department of Human Services, Office of Rehabilitation, Developmental Disability Services (DDS), receives state early intervention allocations of $4,400,000. DDS also administers the state family support program for families with children with developmental delays; this is not tracked specifically for children 0-3. The Department of Public Health and Environment contributes resources for children 0-3 through their Health Care Program for Children with Special Needs (covers 0-21); these are not tracked specifically for the 0-3 age group. The Department of Health Care Policy and Financing administers the state Medicaid funds which families in the state access if they qualify for the program; these resources are not tracked for children 0-3 specifically for Part C. Parents can utilize their private insurance. Additionally community resources are also contributed but are not tracked at the state level.

USE OF PART C FUNDS

There were no significant departures from the budget submitted with the Year XI application. Expenditures were as follows:

System Change Functions Community Capacity Building Grants Rural Response Contract	$2,651,234
Support Functions Child Identification Public Awareness Family Leadership and Support CSPD Evaluation and Monitoring Data and Finance	964,011
Program Administration Salaries/Expenses CICC Expenses Staff Travel Committee Expenses Operations	454,113
TOTAL GRANT AMOUNT	$4,069,358